

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** ARBORDALE (110501)

**Address:** 2821 TODD DR, MADISON, WI 53713

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/31/1997

**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0095124      **End Date:** 06/20/2005      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008243    Served 06/29/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(g)	FAIR TREATMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.41(9)	CLEANLINESS OF ROOMS		

**Survey ID:** 0094458      **End Date:** 03/25/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008197    Served 04/08/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	06/20/2005	Yes
83.14(7)(b)	CONTINUING EDUCATION	06/20/2005	Yes
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT	06/20/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL	06/20/2005	Yes

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**Survey ID: 0092434      End Date: 04/19/2004      Type: STANDARD      Purpose: COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

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**Survey ID: 0093187      End Date: 04/19/2004      Type: STANDARD      Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10008000    Served 05/28/2004**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	03/25/2005	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	03/25/2005	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	03/25/2005	Yes
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(4)(a)	PERSONS IN RESPITE CARE		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 06/27/2005      SOD #10008243      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---83.21(4)(g)  
FORFEITURE---83.32(2)(a)

**Date: 04/04/2005      SOD #10008197      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.11(3)(a)  
FORFEITURE---83.14(7)(b)  
FORFEITURE---83.32(1)(b)  
FORFEITURE---83.32(2)(a)

**Date: 05/25/2004      SOD #10008000      Appealed: No**

Sanctions

FORFEITURE---13.05(2)  
FORFEITURE---50.065(2)(bm)  
FORFEITURE---83.21(4)(n)4  
FORFEITURE---83.21(4)(n)a  
FORFEITURE---83.32(2)(a)  
FORFEITURE---83.32(4)(a)  
FORFEITURE---83.43(3)(b)1

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